Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

VAO-004.01

CLAIMS AS FILED - PART I SMALL ENTITY (Column 1) (Column 2) TYPE									OR	OTHER SMALL	
TOTAL CLAIMS			7,10,		i	<u> </u>		FEE		RATE	FEE
FOR			NUMBER F	ILED N	NUMBER	EXTRA	BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			/7 minus 20= * (\overline{C}		X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	2 minus 3 = *		0		X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT										.000	
* If the difference in column 1 is less than zero, enter "0" in column 2						+140=		OR	+280=		
							TOTAL		OR	•	740
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHES' NUMBER PREVIOUS PAID FOR	R F SLY	PRESENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=		X42=		OR	X84=	
<u>L</u>	FIRST PRESE	NTATION OF MI	JUIPLE DEP	ENDENT CL	LAIIVI	South Control of the	+140=		OR	+280=	
!							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
<u> </u>		(Column 1)		(Column		Column 3)	ADDIT: 1 22 [,		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBEF PREVIOUS PAID FOI	R F SLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=		X42=		ÖR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140=		OR	+280=	
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column		Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FO	R F SLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	:	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	: 	X42=		OR	X84=	
	FIRST PRESE	+140=		OR	+280=						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

NOTICE OF FEE DUE

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DATE: $12 - 3 - 6$ TO: $0/0$	o 		
TO:	·		
FROM: Office of Initial Pate	ent Examination	on	
SUBJECT: Fee Due \$ 7	40		
APPLICATION NUMBER:			
A fee is due for the attached doc Office for the following reason. authorization to charge a deposit charge the appropriate fee. If an the fee deficiency.	Please check account. If a	the application	on for the appropriate on is present, please
☐ Insufficient fee by check			
Insufficient funds in deposit	account		
☐ Declined credit card			
☐ Non authorization for charge	to deposit acc	ount	
☐ No fee submitted per requirer	ment ra		
	\	٠,	
The correct fee code:		amount	\$
The suspended fee code: 197		amount	- \$
Fee Due		amount	=\$
If you have any questions, please Eleanor Kurtz at 703-308-3642.	contact Cyntl	nia Streater at	t 703-306-5430 or
Terminal Operator		:	
Terminal Operator			